

District (if applicable)

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Michael D Hoffman

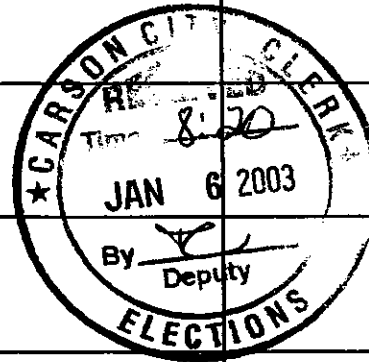
Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See instructions page) MISS 2001/2002	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Reno Gazette-Journal P.O. Box 22000 Reno NV. 89520	D	Oct 28 th 2002	\$ 170.57



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